FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

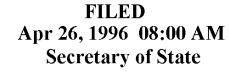
DOCUMENT #
1. Corporation Name N08356

(0)

DOCTORS PROFESSIONAL BUILDING CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business

Mailing Address





150 9TH ST N NAPLES FL 33940				150 9TH ST N NAPLES FL 33940					
								3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1985 05/01/1995	
Principal Place of Business 1				2a. Mailing Address 26				4. FEI Number Applied For S9-2533386 Not Applied by	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	е		28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 29			Zip	Country 30			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
						81	Name		
HUSSEY ORWITE H									
150 TAMIAMI TR N						82	Street A	Address (P.O. Box Number is Not Acceptable)	
NAPLES	FL 33940					83			
						84	City	FL 85 Zip Code	
11. Pursuant t or register familiar wit	to the provision red agent, or bith, and accept	ns of Sections 617.05 both, in the State of Fl t the obligations of S	002 and 61 orida. Such	7.1508, Fiorida Statute change was authoriz 0503, Florida Statutes	es, the abo ed by the o	ve-n	named cor oration's l	orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE	, ,			occo, i ionod ciaioles					
	Signature, typed o	r printed name of registered as	ent and title if a	O/A) eldacilqq	TE Registered	Agen	t signature re	required when reinstating: DATE	
12.	r 	OFFICERS /	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD			☐ DELETE	1111	TLE		☐ Change ☐ Addition	
NAME		JOSEPH G.			1.2 NA	IME			
STREET ADDRESS 150 9TH STREET N				1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	NAPLES	<u>FL</u>			1.4 CI	TY-S1	T-ZIP		
TITLE	STD			DELETE	2.1 717	LE		☐ Change ☐ Addition	
NAME		na, antonino g			2 2 NA	ME			
STREET ADDRESS		Street N		23\$		REET	ADDRESS		
CITY-ST-ZIP	NAPLES	FL		2		2 4 GiTY-ST-ZiP			
TITLE	T			DELETE	3 1 TIT	Lξ		☐ Change ☐ Addition	
NAME	ZAMPOGNA, MARIA 3.2 N					ME			
STREET ADDRESS		ST NORTH			3 3 ST	REET	ADDRESS		
CITY-ST-ZIP	NAPLES	FL			3 4 CI	TY-S	T-ZIP		
TITLE				DELETE	4.1 TIT			☐ Change ☐ Addition	
NAME					4. 2 N	ME		_ ,	
STREET ADDRESS					4 3 ST	REET A	ADDRESS		
CITY-ST-ZIP					4.4 CIT	Y-ST	ZIP		
TITLE				DELETE	51 TIT	LE		☐ Change ☐ Addition	
NAME					5.2 NA	ME			
STREET ADDRESS					5.3 \$TF	REET /	ADDRESS		
CITY-ST-ZIP					5.4 CIT	Y-ST	-21P		
TITLE				DELETE	6.1 TIT	LE		☐ Change ☐ Addition	
NAME					6.2 NAI	ME		_	
STREET ADDRESS					63 STF	REET #	ADDRESS		
CITY-ST-ZIP					6 4 CH	Y-ST	-ZIP		
 14. I do hereby certify that 	y certify that the the control of th	ne information supplier	d with this f	iling is voluntarily furni	shed and c	loes	not qualit	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	

oath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pri an attachment with an address.

941.455.3003